

Official Use Only	
Contractor #:	
Application Date:	
Issue Date:	

## City of Torrington Contractor License Application

Applications and/or supporting documentation that are incomplete, illegible or submitted in erasable media will not be accepted. Please type or print clearly using permanent blue/black ink. Applications are due by January 1 of each year.								
Type of Contractor								
General Commercial Contractor (C)	E	Plumbing Contractor		Fire Suppression Contactor				
General Residential Contractor (R)		Gas Fitter Contractor			HVAC Contractor			
Refrigeration Contractor		General Roofing Contrac	ctor		Electrical Contractor			
Demolition Contractor	Ļ	Spraying Contractor		L	Arborist			
Digging & Grading Contractor	F	Low Voltage Contractor	r	Concrete Contractor				
Other		temphan.		_				
Contractor:								
Business Name:								
Business Representative Contact Name:								
Business Mailing Address:								
City:				St	ate:	Zip:		
Email:		Cell	Phone:	(	) =	N .		
Are you currently licensed with the City of Torrington in same trade you are applying for? Yes No (Experience will be determined by Building Official as outlined in Ord. # 1114)				\$50.00 Yearly Fee				
Applicants desiring to obtain a contractor's license must have the required level of experience and successfully pass the Wyoming Trades Certification Program Test or the appropriate I.C.C. test as described in (Table 1). Yes No (Must provide test by 01-01-2015)								
Proof of Liability Insurance Included.	\$1000.00 Bond To the City of Torrington Included.			Copies of State of Wyoming Electrical Licenses (All Electrician Applications)				
Master of Record (if Required)								
Name:				State:				
Email:				Cell Phone: ( ) - (Optional)				
Are you currently Licensed with the City of Torrington as a Master in the trade you are applying for? Yes No (If yes, you are not required to provide years of experience)					ee			
Documented Years of Experience for Master of Record license you are applying for:  3 Year Apprentice 3 year Journeyman (Experience will be determined by Building Official as outlined in Ord. # 1114)								
Signature:				Da	ate:			
Print Name:								
Total amount enclosed (Including employee applications)				Total Amount:				